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PTO/SB/05 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No.	P-5647-US2
	First Inventor or Application Identifier	SHAHAR, Ari
	Title	ALL-OPTICAL BISTABLE DEVICES
	Express Mail Label No.	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning patent application contents</i>	ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 188] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 57]</p> <p>5. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>21906 U.S. PTO 10/684513</p> <p>101503</p>

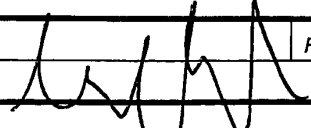
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____ / _____
Prior application information: Examiner _____			Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code	27130 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
Name	Eitan, Pearl, Latzer & Cohen Zedek, LLP.	
Address	10 Rockefeller Plaza Suite 1001	
City	New York	State New York Zip Code 10020
Country	USA	Telephone (212) 632-3480 Fax (212) 632-3489

Name (Print/Type)	Caleb Pollack	Registration No. (Attorney/Agent)	37,912
Signature		Date	15 October 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any



15915 U.S. PTO

101503

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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>	Complete if Known		
	Application Number		
	Filing Date		
	First Named Inventor	SHAHAR, Ari	
	Examiner Name		
	Group / Art Unit		
TOTAL AMOUNT OF PAYMENT (\$)	375	Attorney Docket No.	P-5647-US2

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																									
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 05-0649 Deposit Account Name: Eitan, Pearl, Latzer & Cohen Zedek, LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																																																																																																																																																																									
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SUBMITTED BY		Complete (if applicable)	
Name (Print /Type)	Caleb Pollack	Registration No. (Attorney/Agent)	37,912
Signature		Telephone	(212) 632-3480
		Date	October 15, 2003